



SUPPLEMENTAL APPLICATION FORM
RECREATION SERIES
Recruitment #07761101

Last Name	First Name	SSN

READ THESE INSTRUCTIONS CAREFULLY: This questionnaire ***IS NOT*** a substitute for the official City application. You must complete both forms completely. The information you present in your employment application and supplemental questionnaire will be used to match your qualifications to the requirements of our various positions within the Recreation Department. **Failure to complete both forms will result in immediate disqualification from the recruitment process.** Please answer the following questions by checking ONE box per question.

■ Education

1. Please check ☒ **highest** level completed:
- ☐ 10th grade ☐ High School/GED
- ☐ One year of college
- ☐ AA/AS degree Major field of study:
- ☐ Bachelor's degree Major field of study:
2. Do you have at least thirty (30) units in child development or any related field?
- ☐ Yes ☐ No Related field of study:.....

■ Experience

1. How much experience do you have in performing recreation duties?
- ☐ ☐ ☐ ☐
- None Less than 1 year One year but less than 2 years 2 years or more
2. Do you have knowledge of and/or experience in the following areas?
- | | Yes | No |
|---|--------------------------|--------------------------|
| Running a fitness facility and/or fitness classes | <input type="checkbox"/> | <input type="checkbox"/> |
| Recreation programming | <input type="checkbox"/> | <input type="checkbox"/> |
| Recreation Center supervision | <input type="checkbox"/> | <input type="checkbox"/> |
| Running after-school and mobile recreation programs and day camps | <input type="checkbox"/> | <input type="checkbox"/> |
| Athletics | <input type="checkbox"/> | <input type="checkbox"/> |

■Experience

3. How much experience do you have in supervising others in a recreation environment?
- ☐ None ☐ Less than 1 year ☐ One year but less than 2 years ☐ 2 years or more
4. How much experience do you have in teaching or assisting with organized group tumbling and/or gymnastic classes in a municipal, non-profit, or commercial setting?
- ☐ None ☐ Less than 1 year ☐ One year but less than 2 years ☐ 2 years or more
5. How much experience do you have in teaching and/or assisting with organized group activities for children 3-5 years of age in a municipal, non-profit, or commercial setting?
- ☐ None ☐ Less than 1 year ☐ One year but less than 2 years ☐ 2 years or more
6. Are you currently employed by the City of Chula Vista?
- ☐ Yes Position Title: How long:.....
 Department:.....
☐ No

■Certification

Do you possess any of the following certificates? (Note: Copies of certificates **MUST** be attached to your application).

	Yes	No
Basic CPR.....	<input type="checkbox"/>	<input type="checkbox"/>
American Red Cross First Aid Certification.....	<input type="checkbox"/>	<input type="checkbox"/>
American Red Cross CPR.....	<input type="checkbox"/>	<input type="checkbox"/>
American Red Cross CPR for Professional Rescuer.....	<input type="checkbox"/>	<input type="checkbox"/>
American Heart Association BLSC.....	<input type="checkbox"/>	<input type="checkbox"/>
Community First Aid and Safety.....	<input type="checkbox"/>	<input type="checkbox"/>
Lifeguard Training.....	<input type="checkbox"/>	<input type="checkbox"/>

■Bilingual Skills/Age Requirement

Do you possess any bilingual skills? ☐ No ☐ Yes Please specify:

Are you at least 15 1/2 years old at the time of application? ☐ Yes ☐ No

■Working Conditions

Are you willing and able to:

	Yes	No
work part-time 10 – 30 hours per week?	<input type="checkbox"/>	<input type="checkbox"/>
work weekdays, afternoon and evening shifts?	<input type="checkbox"/>	<input type="checkbox"/>
work Saturdays, Sundays, and holidays?	<input type="checkbox"/>	<input type="checkbox"/>
undergo a criminal background check?	<input type="checkbox"/>	<input type="checkbox"/>

■Positions Available

Please indicate which position(s) you wish to be considered by checking “yes”. You will be considered, IF FOUND ELIGIBLE, for position(s) that you marked “yes”.

Check “no” if you do NOT wish to be considered for the position(s). You will **NOT** be considered, even if found eligible, for position(s) that you marked “no”.

	Yes	No	For HR Use:
Recreation Aide	<input type="checkbox"/>	<input type="checkbox"/>	Eligible <input type="radio"/>
Recreation Leader I	<input type="checkbox"/>	<input type="checkbox"/>	Eligible <input type="radio"/>
Recreation Leader II	<input type="checkbox"/>	<input type="checkbox"/>	Eligible <input type="radio"/>
Recreation Specialist	<input type="checkbox"/>	<input type="checkbox"/>	Eligible <input type="radio"/>
Lifeguard I	<input type="checkbox"/>	<input type="checkbox"/>	Eligible <input type="radio"/>
Lifeguard II	<input type="checkbox"/>	<input type="checkbox"/>	Eligible <input type="radio"/>
Gymnastics Specialist	<input type="checkbox"/>	<input type="checkbox"/>	Eligible <input type="radio"/>
Tiny Tot Aide	<input type="checkbox"/>	<input type="checkbox"/>	Eligible <input type="radio"/>
Tiny Tot Specialist	<input type="checkbox"/>	<input type="checkbox"/>	Eligible <input type="radio"/>

Certificate from Applicant

I swear or affirm that the information presented above is true and correct to the best of my knowledge. I understand that misleading or false information may result in my disqualification from the recruitment process and/or removal from the eligibility list.

Printed Name

Signature

Date